Apollo TOUCHING LIVES

Certificate No: MC-5697

Apollo Clinic
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Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 01:58PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 04:11PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.6	g/dL	13-17	Spectrophotometer
PCV	42.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.66	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	90.6	fL	83-101	Calculated
MCH	31.4	pg	27-32	Calculated
MCHC	**34.7**	g/dL	31.5-34.5	Calculated
R.D.W	**15.7**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,680	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	58	%	40-80	Electrical Impedance
LYMPHOCYTES	29.1	%	20-40	Electrical Impedance
EOSINOPHILS	3.6	%	1-6	Electrical Impedance
MONOCYTES	8.6	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3294.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1652.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	204.48	Cells/cu.mm	20-500	Calculated
MONOCYTES	488.48	Cells/cu.mm	200-1000	Calculated
BASOPHILS	39.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.99		0.78- 3.53	Calculated
PLATELET COUNT	**129000**	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10	mm at the end of 1 hour	0-15	Modified Westergren
PERIPHERAL SMEAR				

RBC Predominantly Normocytic Normochromic with Microcytes+
WBC are normal in number and morphology
Platelets Mild Thrombocytopenia
No Abnormal cells seen.

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903410

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Certificate No: MC- 5697

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903410

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903410

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 12:29PM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 04:17PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 04:41PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	84	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	**Normal**
100-125 mg/dL	**Prediabetes**
≥126 mg/dL	**Diabetes**
<70 mg/dL	**Hypoglycemia**

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , *SODIUM FLUORIDE PLASMA (2 HR)*	92	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR240903501

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 02:00PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 03:36PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903413

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 01:39PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 03:29PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**224**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	**211**	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**172**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**130.02**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	**42.28**	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.36		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	**0.26**		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903411

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	**1.50**	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	**0.25**	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	**1.25**	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	29.58	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	25.5	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.9		<1.15	Calculated
ALKALINE PHOSPHATASE	75.62	U/L	30-120	IFCC
PROTEIN, TOTAL	7.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.74	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Dr Sneha Shah
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Consultant Pathologist

SIN No:VIR240903411

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

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UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 03:56PM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	**0.65**	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	**14.72**	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	**6.9**	mg/dL	8.0 - 23.0	Calculated
URIC ACID	6.85	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	10.21	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	141.47	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	102.92	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.73	g/dL	6.6-8.3	Biuret
ALBUMIN	4.74	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.99	g/dL	2.0-3.5	Calculated
A/G RATIO	1.59		0.9-2.0	Calculated

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903411

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	21.20	U/L	<55	IFCC

Dr Sneha Shah
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.08	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.54	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.566	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903412

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 01:40PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 02:33PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.Sanjay Ingle
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Consultant Pathologist

SIN No:VIR240903412

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Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 04:12PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 04:47PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY STANDARD PLUS MALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.006		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	1 - 2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0 - 1	/hpf	< 10	Microscopy
RBC	0	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

***** End Of Report *****

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903415

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.KRISHNA KUMAR	Collected	: 30/Sep/2024 09:31AM
Age/Gender	: 45 Y 8 M 25 D/M	Received	: 30/Sep/2024 04:12PM
UHID/MR No	: CVIM.0000245523	Reported	: 30/Sep/2024 04:47PM
Visit ID	: CVIMOPV632162	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903415
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr. KRISHNA KUMAR	Age	: 45Yrs 8Mths 26Days
UHID	: CVIM.0000245523	OP Visit No.	: CVIMOPV632162
Printed On	: 30-09-2024 06:11 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES7614		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardio phrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

IMPRESSION:
***NO SIGNIFICANT ABNORMALITY DETECTED.**

---End Of The Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology

Certificate No: MC- 5697

Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 01:58PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 02:56PM
Visit ID	: CVIMOPV632165	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF HAEMATOLOGY

PERIPHERAL SMEAR , *WHOLE BLOOD EDTA*

RBC's Predominantly Normocytic Normochromic with Macrocytes+
WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903408
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Certificate No: MC-5697

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	**35.20**	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.85	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	91.6	fL	83-101	Calculated
MCH	31.6	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	**15.6**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,960	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.1	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.1	%	1-6	Electrical Impedance
MONOCYTES	7.5	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2633.76	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1721.12	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	203.36	Cells/cu.mm	20-500	Calculated
MONOCYTES	372	Cells/cu.mm	200-1000	Calculated
BASOPHILS	29.76	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.53		0.78- 3.53	Calculated
PLATELET COUNT	162000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	5	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

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WBC's are normal in number and morphology
Platelets are Adequate
No hemoparasite seen.

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MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Dr Sneha Shah
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Visit ID	: CVIMOPV632165	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903408

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Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 01:29PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 01:55PM
Visit ID	: CVIMOPV632165	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	86	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.

2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903404

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Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 01:58PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 04:17PM
Visit ID	: CVIMOPV632165	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**5.8**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903409

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 01:40PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 03:16PM
Visit ID	: CVIMOPV632165	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**288**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	122	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	**89**	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**200**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**175.14**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	24.38	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.25		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

Sneha Shah
Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903405

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.56	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	32.29	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	**36.1**	U/L	<35	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	61.06	U/L	30-120	IFCC
PROTEIN, TOTAL	6.70	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:

*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.61	mg/dL	0.55-1.02	Modified Jaffe, Kinetic
UREA	26.55	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.84	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	9.14	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.93	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139.46	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	103.79	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	6.70	g/dL	6.6-8.3	Biuret
ALBUMIN	3.89	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.38		0.9-2.0	Calculated

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MBBS, MD (Pathology)
Consultant Pathologist

SIN No:VIR240903405

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Apollo TOUCHING LIVES

Certificate No: MC- 5697

Apollo Clinic Expertise. Closer to you.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	17.40	U/L	<38	IFCC

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Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 01:39PM
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Visit ID	: CVIMOPV632165	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.63	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	5.461	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903406

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Apollo TOUCHING LIVES

Certificate No: MC- 5697

Apollo Clinic Expertise. Closer to you.

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903406

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Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 04:11PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 04:46PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	HAZY		CLEAR	Scattering of light
pH	7.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	POSITIVE+		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0 - 1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Microscopy
RBC	18 - 20	/hpf	0-2	Microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.

***** End Of Report *****

Result/s to Follow:

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903407

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

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Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

LBC PAP SMEAR

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903407

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs.NEELAM DUBEY	Collected	: 30/Sep/2024 09:27AM
Age/Gender	: 44 Y 8 M 24 D/F	Received	: 30/Sep/2024 04:11PM
UHID/MR No	: CVIM.0000245524	Reported	: 30/Sep/2024 04:46PM
Visit ID	: CVIMOPV632165	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 35ES7614		

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.
Laboratories not be responsible for any interpretation whatsoever.
It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.
Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.
This report is not valid for medico legal purposes.

DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:VIR240903407
This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mrs. Neelam Dubey	Age	: 44Yrs 8Mths 25Days
UHID	: CVIM.0000245524	OP Visit No.	: CVIMOPV632165
Printed On	: 30-09-2024 06:29 AM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employeer Id	: 35ES7614		

DEPARTMENT OF RADIOLOGY

ULTRASOUND ABDOMEN AND PELVIS

Liver appears normal in size and bright in echotexture. No focal lesion is seen. PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is over distended (11.3 x 5.5 cm) and show multiple calculi ranging in size from 4-15 mm seen in the neck region.. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears enlarged (1.7x 4.5 x 4.8 cm) in size. It shows diffuse changes of adenomyosis. Endometrial echo-complex appears normal and measures 7.4 mm.

Both ovaries appear normal in size, shape and echotexture.
No evidence of any adnexal pathology noted.

Bowel loops and Retroperitoneum appear normal. Aorta and IVC appear normal.

No abnormal lymphadenopathy noted.

IMPRESSION:-
Grade I fatty liver.
Cholelithiasis with over distended gall bladder.
Surgical opinion is recommended.
Bulky uterus.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.)

---End Of The Report---

Preeti

Dr. PREETI P KATHE
DMRE, MD, DNB
2003/04/1886
Radiology